

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90152 020 ****50.00

DOCUMENT # L99000006882

1. Entity Name

TROPICAL KEY PALMS, LC



Principal Place of Business

Mailing Address

~~1623 COLLINS AVE., #909~~
~~MIAMI BEACH FL 33139~~

PO BOX 190924
MIAMI BEACH FL 33119-0924

2. Principal Place of Business

PO Box 190924

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Zip
33139

Country
USA

Zip

Country

4. FEI Number

65-0955462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BENNETT, JOSH N~~
~~511 N.E. 3RD AVE., 2ND FLOOR~~
~~FORT LAUDERDALE FL 33301~~

7. Name and Address of New Registered Agent

Name VIRGINIA DOMINGUEZ

Street Address (P.O. Box Number is Not Acceptable)

1413 N Venetian Way

City Miami

FL

Zip Code 33139

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Virginia Dominguez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 27/2005

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME CALM WAVES TRUST
STREET ADDRESS ~~1623 COLLINS AVE., #909~~
CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~

TITLE MGRM ☐ Delete
NAME BLUE SKY TRUST
STREET ADDRESS ~~1623 COLLINS AVE., #909~~
CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME 1413 N Venetian Way
STREET ADDRESS Miami FL 33139
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 1413 N Venetian Way
STREET ADDRESS Miami FL 33139
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Virginia Dominguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jan 27/05 (305)374-0607